

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |                             |          |   |   |    |   |   |   |   |
|--|-----------------------------------|---|-----------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>8/19</u>   |                                   | 2 Serial/Patent # <u>10/615,645</u>   |                             |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                                  |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED             | 6 AMOUNT |   |   |    |   |   |   |   |
|  | Filing                            |   |                             | \$       |   |   |    |   |   |   |   |
|  | Amendment                         |   |                             | \$       |   |   |    |   |   |   |   |
|  | Extension of Time                 |   |                             | \$       |   |   |    |   |   |   |   |
|  | Notice of Appeal/Appeal           |   |                             | \$       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                                    | Petition                          |   | 7/22/05                     | \$ 400   |   |   |    |   |   |   |   |
|  | Issue                             |   |                             | \$       |   |   |    |   |   |   |   |
|  | Cert of Correction/Terminal Disc. |   |                             | \$       |   |   |    |   |   |   |   |
|  | Maintenance                       |   |                             | \$       |   |   |    |   |   |   |   |
|  | Assignment                        |   |                             | \$       |   |   |    |   |   |   |   |
|  | Other                             |   |                             | \$       |   |   |    |   |   |   |   |
|  |                                   |   | 7 TOTAL AMOUNT<br>OF REFUND |          |   |   |    |   |   |   |   |
|  |                                   |   | \$ 400                      |          |   |   |    |   |   |   |   |
| 10 REASON:   |                                   | 8 TO BE REFUNDED BY:  |                             |          |   |   |    |   |   |   |   |
|  |                                   | <input type="checkbox"/> Treasury Check<br><input checked="" type="checkbox"/> Credit Deposit A/C #:  |                             |          |   |   |    |   |   |   |   |
|  | Overpayment                       | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table> |                             |          | 1 | 2 | -- | 2 | 1 | 5 | 0 |
| 1  | 2                                 | --  | 2                           | 1        | 5 | 0 |    |   |   |   |   |
|  | Duplicate Payment                 |   |                             |          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                                    | No Fee Due (Explanation):         |   |                             |          |   |   |    |   |   |   |   |
| <div style="font-family: cursive; font-size: 1.2em;">Plt granted</div> |                                   |   |                             |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:  |                                   |   |                             |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>CHARLEMA GEM</u>                                |                                   | TITLE: <u>attorney</u>  |                             |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>C. GEM</u>   |                                   | PHONE: <u>X-3215</u>  |                             |          |   |   |    |   |   |   |   |
| OFFICE: <u>Quincy</u>  |                                   |   |                             |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                  |                                   |   |                             |          |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>   |                                   | DATE: <u>8-19-05</u>  |                             |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**